14.

THE ETHICS OF HYPNOTISM.

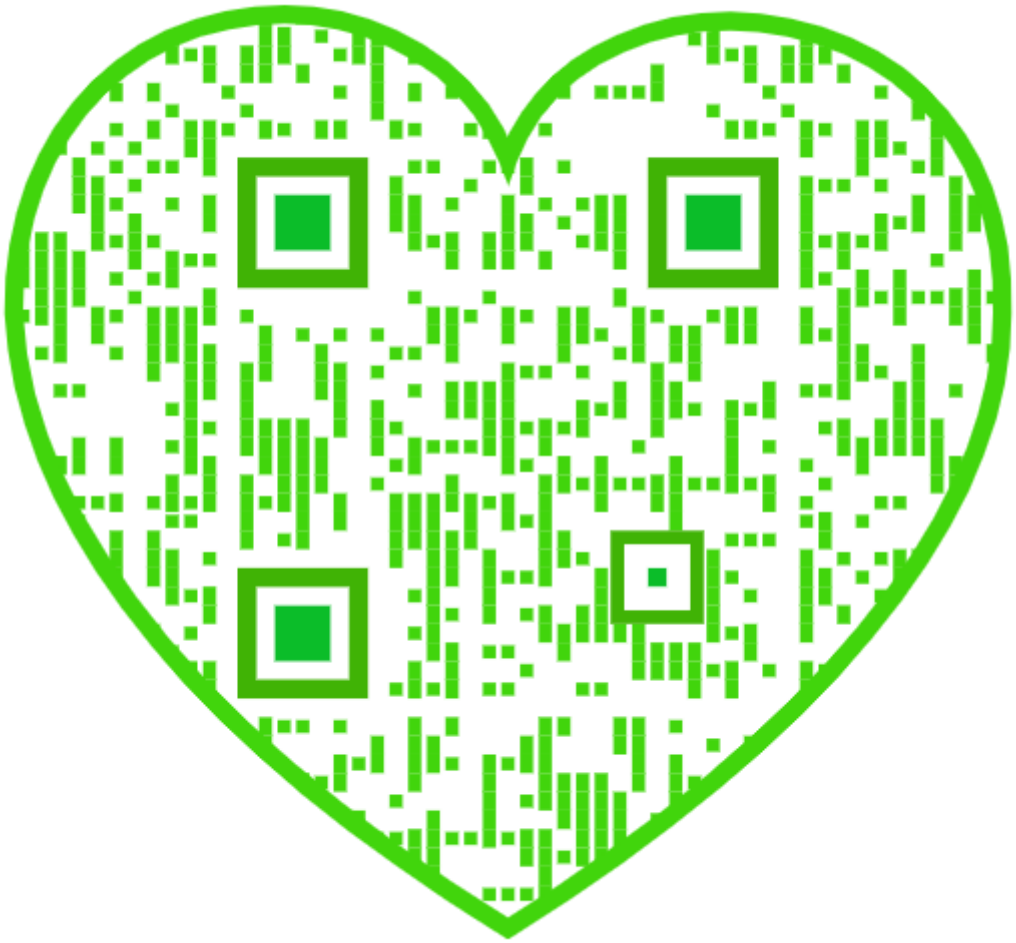
BY J. FOSTER PALMER, L.R.C.P., F.R.Hist.S.

THERE are, in the present day, three different points of view from which hypnotism is considered. These may be called, roughly speaking, the legal, the theological, and the clinical.

To the legal mind hypnotism is, I think, practically non-existent. The evidence is not sufficient. You may place the whole matter before a lawyer, relating the experience of psychologists—the tests, the distinctions between true and false hypnotism, the control experiments, and the scientific explanations of the phenomena. He will patiently hear you to the end, and will then reply, "I have listened to all you have to say, but to me it is not in the least degree convincing. Members of the medical profession are, many of them, more or less credulous, and are often deceived by plausible semblances. I still beg to maintain that the whole thing is a fraud, and nothing but a fraud, from beginning to end." There may be lawyers who hold a different view. I have not come across them.

The theological view is different. Clergymen often believe in hypnotism more or less, but in two ways. Some regard it as a kind of beneficent agent, and encourage it, but whether on account of the inherent love of quackery so prevalent among them, or whether they regard it as a form of miracle, I am unable to decide. Others look upon it with horror, as the work and invention of evil spirits, or, in still plainer language, as the words "evil spirits" might be taken to refer to the results of distillation, the work and invention of the devil.

It is, however, the clinical point of view with which we are chiefly concerned, for it is the medical profession with which, in the long run, the decision will rest as to its general adoption or condemnation; that is to say, in respect to diagnosis. When the phenomena of hypnotism have been truly and scientifically explained, we can depend on that widely-spread sense of right and wrong, which has guided mankind for so many centuries, to decide whether the practice shall be allowed to continue. We may, perhaps, assume that, excluding the large number of cases due to fraud, to imagination, or to credulity, there is a certain residuum of undetermined value and extent, in which the phenomena



described as hypnotic actually and genuinely take place, though even this will be denied by some.

For many thousands of years this force, whatever it may be, has been known and taken cognisance of. Known by the name of witchcraft it was, under the Mosaic Law, and under the Christian Code until about 200 years ago, a capital offence. In certain parts of the East, under the name of black magic, it fared not much better. Under whatever name it may be known—and its names are legion—it appears to have had, not a continuous, but an intermittent history, recurring in a kind of epidemic form after certain intervals of scepticism. Towards the close of the eighteenth century it appeared again in a somewhat virulent form under the name of mesmerism. About the middle of the nineteenth century, having been for a time almost suppressed by scientific opposition and scepticism, it broke out again under a new name, monoideism, and then as hypnotism, which name it has since retained, sometimes modified to hypnotic suggestion as a concession to certain theories of its origin.

In short, from the earliest times until the latter half of the last century it has been universally and unreservedly condemned, whatever name it assumed, and whatever the sources to which it has been attributed, by the leading minds and responsible rulers of the day. Has the universal judgment of mankind been wrong throughout? or has there been, though only partially understood, a certain basis of reason lying at the back of this constant, severe, and apparently cruel and ignorant opposition? Or, on the other hand, have the past ages been wrong only in attributing hypnotism to causes which are not, with our present knowledge, considered adequate or consistent with recent scientific research?

That the mental action of one man may, sometimes, and under certain conditions, exert an influence on the mind of another, and through this on the bodily functions of the latter, will, perhaps, be admitted by most people. It is a matter of daily experience, and the results will be beneficial or otherwise according to circumstances. It is when this influence takes the extreme form of absolute control known as mesmerism or hypnotism that evil results may follow.

Hypnotism, in its various forms, has passed through the usual stages of incredulity, persecution, ridicule, and popularity, and this not once, but many times. In the present day, in spite of some relics of scepticism and ridicule, it seems in a fair way of becoming popular again, especially in its possible application to medicine and surgery.

During the last fifty years many phenomena have been brought to light which had previously been thought physically impossible by all scientific observers, and those who believed in their existence were

considered credulous or superstitious. The discovery of the Röntgen rays has shown us that, under certain conditions, opaque bodies are pervious to light. When, some five-and-thirty years ago, Sir James Simpson told us that we should, in time, through the advances of science, be able to see into the interior of our patients' bodies, we listened with pitying incredulity, and have lived to see the prophecy fulfilled. When, therefore, we are told that thought can be transferred by other means than through the senses of sight and hearing, the only scientific position is to sit still and wait for further evidence.

So, too, in regard to hypnotism. To the legal mind a previous ruling is sufficient: hypnotism does not occur, never has occurred, and, consequently, never will. But by the scientific mind the case must be judged on its merits, and the evidence seems to show that, although no doubt its influence has been grossly exaggerated, such a phenomenon really does exist, and that, under certain conditions, and with certain minds, the will-power of one may become completely dominated by that of another. Dr. J. Hughes Bennett, one of the first to describe the scientific aspect of this question, says that "the effect is produced by operating on the mind of the individual, and through that on his bodily powers. Certain faculties of the mind are active, and may even be stimulated into excessive action, whilst others are suspended. A condition of the cerebral functions may be occasioned in apparently healthy persons during which suggestive ideas are capable of producing those phenomena we have described, and which render them for the time as irresponsible as monomaniacs."* As the nerves of sensation may be paralysed while those of motion are active, and *vice versâ*, so certain mental faculties may be for a time inhibited or exhausted, while others remain active and are capable of being excited by suggestion to uncontrollable excesses. If this is not insanity, pure and simple, I know not what is. It may be said that it is only "temporary insanity"; but, even if it is, how many suicides have been committed during the state of so-called "temporary insanity"? And is it always temporary? Even the mild experiments of Liebault show that some cerebral change has taken place, for his patients were always more susceptible to hypnotic influence on the second and subsequent occasions than on the first. Something more than a mere temporary disturbance of the mental balance must have taken place. The patient was not the same man mentally as before he came for treatment; a certain mental faculty had been lost or diminished, or was in abeyance, and the patient could no longer be said to be of sound mind, whether the hypnotic influence be exerted in the consulting room or in the music hall. No one, for instance,

* "Principles and Practice of Medicine," p. 290.

can assert the sanity of a subject who will swallow with relish a glass of paraffin under the delusion that it is port wine. Such a one is, in fact, practically insane, and this condition of insanity has been brought about by artificial means. Hypnotism, then, reduced to its simplest expression, and divested of high-flown and mystifying definitions, is just induced insanity and nothing less. One of two things has happened: either the patient *has* lost that personal power of will by which alone he can choose the good and refuse the evil, and is influenced by a will external to his own, in which case his mental balance is disturbed; or he *believes* himself to be dominated by the will of another, in which case he is suffering from distinct delusional insanity. In either case he is a fit subject for an asylum.

What, then, is the ethical position of the man who has deprived him of his reason? From the point of view here taken it seems neither superstitious nor prejudiced to consider him a criminal of the deepest dye. To class him with murderers is to understate the case, for who would not rather lose his life than his reason? A lurking suspicion of this nature may, indeed, have been at the root of some of the severe laws passed in former ages against the practice of witchcraft and magic. As has often been the case in history, the custom may have continued to prevail long after the reasons for its origin had been buried in oblivion. Indeed, few ancient customs, however apparently unmeaning, but have had some basis of reason in their origin. The curfew-bell still tolls in many towns with no apparent object. Laws enforcing the isolation of lepers were in force long after the belief in the contagion of leprosy had died out. Recent research, by discovering the bacillus, has shown that the original reason was a sound one. Likewise, it seems to me, there were sound reasons at the root of the laws which have been passed in remote times against the various forms of hypnotic influence, even if the laws themselves were cruel and undiscriminating in their working. To deprive a human being of life is murder; to deprive a human being of his reason is hypnotism. I can see no escape from the conclusion that the latter, for whatever cause or reason it may be committed, is the greater crime of the two.

It may be asked, "What is the difference between the mental derangement caused by hypnotism and that caused by chloroform or æther employed as an anæsthetic?" Chloroform and æther are definite palpable substances of which we know the qualities, and which we know will evaporate at certain temperatures. When the last drop of æther has evaporated from our patient's body we know that it will have no further effect on him. Hypnotism is an impalpable psychic influence over which we have but slight control, and we

have no guarantee that, when once set in action, it will ever completely leave the subject whose nerve centres have submitted to its subtle power.

More strictly parallel to the condition of hypnotism is that of the habitual drunkard. Alcohol, we know, will evaporate like æther and chloroform, but in this case the patient never allows the first instalment to evaporate until a second has been introduced, and in most instances permanent injury to the brain or some other organ results. Here, however, he destroys himself or his reason by his own will, not by that of another. His own hand deals the fatal blow. Not that it is the less criminal. It is as distinctly a form of suicide as hypnotism is a form of murder. To cure drunkenness by hypnotism, if it can be so cured, is only to substitute one criminal act for another, and, from an ethical point of view, is absolutely unjustifiable. But can it be so cured? Hypnotists tell us confidently that it can, but those who are in continual contact with dipsomaniacs in asylums and inebriates' homes are of a different opinion. Cases are apparently cured, perhaps, for a time, but the last state is worse than the first. There are no cases so hopeless, so fatal, as those in which the subject has believed himself cured and finds that after a time the evil demon returns to him, for now he feels that hope has abandoned him. It is these cases of supposed cure, whether by hypnotism or drugs, which are the despair of the medical superintendent. There is little hope left for a patient who has himself abandoned hope. In the cure by hypnotism these effects are seen at their worst, for the patient's power of will, by which he might be able to resist his morbid craving, he has deliberately sold or given away. If the theory of the hypnotists be true, he has placed the control of his will in the power of another. If it be not true, he has parted with it all the same, as being, he supposed, of no further use to him. For, if a man ceases to attempt to exercise any mental faculty, that faculty will soon cease to exist, and this alienation of mental faculty is never so completely effected as when the control of the will is knowingly, and with full consent, handed over to the keeping of someone else. In mediæval times one who had thus alienated any of his mental or moral faculties in order to obtain some supposed future advantage, was said to have "sold his soul to the devil." The language was metaphorical, no doubt, not to say "strong," but in those days the language of science was not so familiar as it is in the present day, and the leaders of thought at the time, which the schoolmen undoubtedly were, had to speak in a tongue the masses of the unlettered people could understand.

It has been asserted by the apologists of hypnotism that it cannot be successfully employed for the instigation of crime: that no man

would commit a crime under hypnotism unless he possessed marked criminal instincts, and that his true character only would be shown. This might be a reasonable argument if a man's character consisted of but a single faculty. But character is complex. It is the resultant of a number of different mental forces, many of them acting in opposition to one another, and thus keeping up a certain mental balance. The removal of one may disorganise the whole. Evil tendencies may exist, but are kept in check by moral instincts. Socrates is said to have confessed on one occasion that most of his tendencies were strongly criminal, but that by the greater moral power of the will they were always kept in abeyance. If such a one were deprived of the power of will, even for a short period, what evils might not result? Nor is there any proof that the extent and character of the hypnotic influence can be strictly limited and defined by the will of the hypnotiser. Indeed, the human mind is not capable of such concentration as is required to be able to exclude all extraneous objects of thought. Even the "sub-liminal consciousness," as it is called, of the hypnotiser himself, may suddenly be called into play, and thus the hypnotic subject, or patient, or medium (or whatever the appropriate term may be), get more than he bargained for. If this be so, the case of the drunkard cured of drunkenness, and developing kleptomania through the influence of his hypnotiser is, if exaggerated, at least conceivable. If one mental faculty can be transferred, so can another; and if a man abandons the exercise of thought and will, and allows his ideas and actions to be dominated by the nerve-centres of someone else, he cannot be surprised if he acquires certain qualities he would rather be without. And the duration of the hypnotic effect can no more be limited and defined than can its character and extent. A hypnotised subject does not always recover from the hypnotic condition so soon as was expected. The term "post-hypnotic suggestion" has been coined to define those cases in which a suggestion—perhaps a criminal one—has been acted upon after the hypnotic state has passed away, and the subject is presumably free from external influence. And if the hypnotic effect does not end with the hypnotic state, when does it? Is not the impression, in some cases at least, a permanent one?

That all human beings are susceptible to hypnotic suggestion in this extreme degree is highly improbable. Indeed, is it not the case that the very fact of susceptibility to hypnotism is a sign of feeble mental power, of a state of somewhat unstable equilibrium of the mental faculties, a condition suggestive of the borderland of insanity? This is not negatived by the fact that hypnotic subjects are frequently

persons of considerable self-assurance. Confident assertion and "bounce" are often combined with feebleness of intellect. In some instances, as in general paralysis, they are well recognised as preliminary symptoms of actual insanity.

But feebleness of the mental powers does not make it less criminal to destroy or tamper with them. To destroy a feeble, defenceless, or injured life is surely a more cowardly and dastardly act than to kill a man physically strong and able and willing to fight for himself. And as in the physical, so in the psychical world. To take advantage of the feebleness of intellect of one already on the borderland of insanity to annihilate by hypnotic suggestion the little will-power he possesses, is like the crime of Nathan's parable. For when such a one has handed over his own self-control into the keeping of another he is no longer on the borderland of insanity, but well over the border, and this by the deliberate act of the stronger mind to which he has submitted his own. And surely such an act is one of the greatest crimes a human mind is capable of conceiving.

There are many, no doubt, who will admit that hypnotism, if employed by evil-disposed persons with the object of inciting others to crime, is in itself criminal, but that it is otherwise when placed in the hands of responsible, or even of well-meaning, persons. But the morality of the act does not depend on its result. It is the act itself, the act of depriving another of the control of certain of his mental faculties, of destroying his normal mental balance, that is criminal.

It is conceivable that the murder of some men might be attended with beneficial results: the world might be the better for their removal. Or the murderer might "conscientiously believe" that the murdered man would gain in a future life by his immediate removal from this world of sin and sorrow. But such a result, or supposed result, would not—at least in the present state of our law—be considered altogether a justification for the deed. Nor can the act of hypnotism be condoned on account of the "conscientious belief," or good intentions, of the hypnotiser.

In these days of encouragement by our legislators of "conscientious objection" and "passive resistance" to the law of the land, we cannot tell what legislative changes may take place next. But so long as murder retains a place on our criminal code, so long must hypnotism in all its forms, and whatever its professed object, be a criminal offence also. And when the conscience of the nation has been roused to the importance of the subject, it will be. That it is not so already is due to the fact that the large majority of medical men in the country are either completely ignorant of it, or ignore its effects, while to the great mass of the legal profession it is absolutely non-existent.

THE MODERN TREATMENT OF SURGICAL TUBERCULOSIS.

ABSTRACT OF PORTION OF AN ADDRESS GIVEN AT THE OPENING MEETING OF THE WINDSOR MEDICAL SOCIETY, ON OCTOBER 30TH.

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IN the localised infections, therapeutic inoculation by tuberculin is indicated, and it is also most important to bring the tissue-fluids, with their increased opsonic power, into contact with the infected area. In the systemic cases, therapeutic inoculation becomes difficult, and is often contra-indicated, so that endeavour should rather be made to limit the circulation through the diseased focus in order to decrease the amount of auto-inoculation. The therapeutic value of rest is at once obvious in this class of case, and operation should be avoided during the negative phase, in order to escape the risk of still further depressing the resistance by the inevitable inoculation that follows the manipulation of an operation.

Not only have we, then, to raise the opsonic value of the circulating fluids, but we have also to ensure that these fluids have ready access to the infected area. The tubercle bacilli cultivate themselves within the organism in regions where the tissue-fluids contain anti-bacterial substances in smaller proportion than the circulating blood. The first-arrived bacilli will rob the lymph of some of its protective substances, and will then, possibly, succumb to the phagocytes; but as each successive batch of bacilli arrive, they will encounter lymph less and less provided with anti-bacterial substances, till finally an area will exist in which the fluids are inert as regards their powers of resistance to the tubercle bacillus. This stagnant, inert material will, by its mere mechanical presence, obstruct the access of the circulating